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TO: Examiner **Anastasia Midkiff**
Art Unit: 2882**Company:** USPTO**Fax #:** 571-273-8300**Phone #:** 571-272-5053**Application**
Serial No. 09/966,415**Docket #:** NL000522US**FROM:** Michael J. Balconi-Lamica
Reg. No. 34,291**Michael J. Balconi-Lamica**
Patent Attorney
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Spicewood, Texas 78669**Direct Phone #:** 512-461-2624**Direct Fax #:** 512-264-3687**E-Mail:** miblamica@aol.com

Should you have any problems with this transmittal, please call: 512-461-2624

MESSAGE:**EXPEDITED PROCEDURE**Please deliver to Examiner **Anastasia Midkiff**, (Art Unit: 2882), MS Amendment

Examiner:

Attached for filing are the following documents:

1. Transmittal Form; and
2. Response to Office Action.

Entry of this paper in the above-identified application is courteously solicited.



Michael J. Balconi-Lamica

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/966,415	
	Filing Date	September 28, 2001	
	First Named Inventor	Bert Leo Alfons Verdonek	
	Art Unit	2882	
	Examiner Name	Anastasia Midkiff	
Total Number of Pages in This Submission	13	Attorney Docket Number	NL000522US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks PLEASE deliver the attached to Examiner Anastasia Midkiff (Art Unit 2882).		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Michael J. Balconi-Lamica		
Signature	/Michael J. Balconi-Lamica/ <i>Michael J. Balconi-Lamica</i>		
Printed name	Michael J. Balconi-Lamica		
Date	November 23, 2007	Reg. No.	34,291

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	/Michael J. Balconi-Lamica/ <i>Michael J. Balconi-Lamica</i>		
Typed or printed name	Michael J. Balconi-Lamica	Date	November 23, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT
Docket No.: NL000522US
Customer No. 000024737

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:	§	
Bert Leo Alfons Verdonek et al.	§	Confirmation No. 4364
	§	
Serial No.: 09/966,415	§	Group Art Unit: 2882
	§	
Filed: September 28, 2001	§	Examiner: Anastasia Midkiff
	§	
For: METHOD AND X-RAY APPARATUS	§	
FOR OPTIMALLY IMAGING ANATOMICAL	§	
PARTS OF THE HUMAN ANATOMY	§	

AMENDMENT

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Examiner:

In response to the Office Action mailed August 23, 2007, please amend the above-identified application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.